Transforming health and social care in Kent and Medway

Stroke Review Pre Consultation Business Case

Appendix I

SSNAP Standards Table

#	Standard	Performance standard aim/ response required
1	Clinically accurate submission to SSNAP (Sentinel Stroke National Audit Project) and coded data held in HES, by all providers of stroke services	SSNAP case ascertainment – 90% SSNAP audit compliance – 100%
2	The pre-hospital care of people with suspected stroke should include a pre-alert by ambulance crews to receiving Hyper Acute Stroke Unit (HASU) where patient is FAST positive or stroke is suspected to expedite specialist assessment and treatment	95%
3	The care of people with suspected stroke should aim to minimise time from call to needle to a recommended standard of within 120 minutes. This requires: a) Call to door time as soon as possible < 60 minutes b) Door to needle time for those appropriate for in licence use of IV thrombolysis as soon as possible < 60 minutes	a) 90% b) 95%
4	Patients/ambulance crew to be met on arrival in ED or HASU by a member of the stroke thrombolysis team for specialist assessment when a pre-alert is given by ambulance crew	95%
5	24hrs access to cross sectional brain imaging, including reporting by a health care professional who has received appropriate training, urgently and at least < 1 hr from admission	Yes/No response, Target 50%
6	Patients suitable for endovascular intervention should have a CT Angiogram from the arch to vertex of skull, immediately upon admission along with the initial brain imaging, this should not delay IV rtPa use however	95%
7	Carotid imaging performed within 24 hours for patients suitable for rapid access carotid endarterectomy (RACE)	90%
8	Carotid intervention (e.g. endarterectomy) for symptomatic carotid artery stenosis where clinically appropriate, for both Stroke and TIA, urgently and ideally within 48 hours of diagnosis, but certainly < 7 days from symptom onset	90%
9	Direct admission to a hyper acute stroke unit (HASU) within 4 hours of reaching the hospital door	90%
10	Minimum of 90% of stay to be within a system of organised stroke care i.e. HASU /ASU/ Rehabilitation	90%
11	Stroke patients should be seen by a consultant stroke specialist within 14 hours of arrival at hospital	95%
12	Minimum of daily HASU ward round by consultant stroke specialist, 7 days per week	Yes/No response
13	Hyper Acute Stroke Unit minimum staffing (7/7) of: • Minimum of 6 stroke thrombolysis trained physicians on rota • 2.9 WTE nurses per bed to comply with 80:20 trained vs untrained skill mix and 1:2 nurse: patient ratio • 0.73 WTE Physiotherapist per 5 beds (respiratory & neuro) • 0.68 WTE Occupational Therapist per 5 beds • 0.34 WTE Speech & Language Therapist per 5 beds • 0.15 WTE Dietician per 5 beds • 0.2 Clinical Psychologist per 5 stroke beds	Yes/No response
14	Acute Stroke Unit minimum staffing (7/7) of: • 1.35 WTE nurses per bed (65:35 trained to untrained skill mix) to give 1:3 nurse: patient ratio • 0.84 WTE Physiotherapist per 5 beds • 0.81 WTE Occupational Therapist per 5 beds • 0.4 WTE Speech and Language Therapist per 10 beds • 0.2 WTE Dietician per 5 beds • 0.15 Clinical Psychologist per 5 stroke beds	Yes/No response
15	Swallow screen performed within 4 hours of arrival at hospital using a validated screening tool by a trained healthcare professional and before being given any oral food, fluid or medication	95%
16	Patients who fail swallow screen are assessed by Speech & Language Therapist within 72 hours of admission	95%
17	Patients screened for malnutrition and risk of malnutrition <24hrs from admission and at weekly intervals whilst they are an in-patient using a validated screening tool e.g. MUST (Malnutrition Universal Screening Tool)	95%
18	All applicable patients are assessed by: • a nurse trained in stroke management within 24 hours • one therapist within 24 hours • all relevant therapists within 72 hours AND have patient-centred rehab goals agreed by the MDT within 5 days	95%
19	Early Supported Discharge Team to be in place with ability to see all appropriate patients within 72 hours after admission	Yes/No response
20	Six-month review offered for all stroke survivors	Yes/No response
21	Patients with acute neurological symptoms that resolve completely within 24 hours (i.e. suspected TIA) should be assessed urgently within 24 hours of symptom onset by a specialist physician in a fast track neurovascular clinic or an acute stroke unit if an inpatient	95%